

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: ELECTRIC FOOD SLICER

Attorney Docket Number:: 016660-167

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 8

Total Drawing Sheets:: 13

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Hong Kong  
Status:: Full Capacity  
Given Name:: Wing Chung Joseph  
Middle Name::  
Family Name:: LAU  
Name Suffix::  
City of Residence:: Pokfulam  
State or Province of Residence::  
Country of Residence:: Hong Kong  
Street of Mailing Address:: Rm 4325, Block 43, 25/F, Baguio Villa, 550  
Victoria Road  
City of Mailing Address:: Pokfulam  
State or Province of Mailing Address::  
Country of Mailing Address:: Hong Kong  
Postal or Zip Code of Mailing  
Address::  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Hong Kong  
Status:: Full Capacity  
Given Name:: Leung Chi  
Middle Name::  
Family Name:: HO  
Name Suffix::  
City of Residence:: New Territories  
State or Province of Residence::  
Country of Residence:: Hong Kong  
Street of Mailing Address:: Rm 901, Block N, Allway Gardens, Tsuen Wan

City of Mailing Address:: New Territories  
State or Province of Mailing Address::  
Country of Mailing Address:: Hong Kong  
Postal or Zip Code of Mailing  
Address::

### **Correspondence Information**

Correspondence Customer Number:: 21839  
Phone Number:: (703) 836-6620  
Fax Number:: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

## **Assignee Information**

Assignee Name:: Eastern Sources Housewares (Hong Kong) Limited

Street of Mailing Address:: Unit C, 14/F, Block A, Chung Mei Centre, 15-17 Hing Yip Street, Kwun Tong

City of Mailing Address:: Kowloon

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing Address::